

Automated Information And Notification System (AINS) Users Guide

OVERVIEW OF THE AUTOMATED INFORMATION AND NOTIFICATION SYSTEM

The Health Check Automated Information and Notification System (AINS) is a computerized system for identifying and following Medicaid eligible children birth through 20 years of age with regard to their activities in the health care system. The information provided by AINS includes children receiving Health Check screenings as well as other medical services.

Information to operate AINS is obtained from two sources: (1) the Eligibility Information System (EIS) within the Department of Health and Human Services and (2) Medicaid paid claims submitted by Medicaid providers. The information derived from EIS and Medicaid claims is referred to as the "AINS data", meaning it is the information that is gathered and maintained in the AINS Data Shell Program.

From the data collected, monthly notification letters, calculations of risk levels for children, and information reports are generated. AINS data is downloaded from the AINS database to diskettes or CDs and mailed to Health Check Coordinators (HCCs) monthly. Thus, all HCCs receive updated information for Health Check recipients monthly.

AINS provides information on Medicaid eligible children to HCCs in their respective counties. The AINS system sends notifications to the parents or head of household of these children. The notifications include information regarding the Health Check Program, the screening schedule for Health Check screenings and/or any scheduled appointments.

The AINS Program prioritizes children by risk categories. Such prioritization allows Health Check staff to set priorities for outreaching. This is especially helpful in counties that have a high population of Medicaid-eligible children.

More specific information on notification letters, prioritization by risk categories, and the content and utilization of AINS informational reports is contained in the following sections of this overview.

When using this overview, it will be helpful to refer to the following definitions of terms:

Medicaid "eligible"	A person who has been certified eligible for Medicaid services regardless of whether the person has subsequently received any Medicaid covered services.
Medicaid "recipient"	A Medicaid-eligible that has received a service covered by Medicaid.
Medicaid "head of household"	The person designated by the Medicaid eligibility system as the parent or legal guardian of a Medicaid-eligible. In AINS, the head of household may be a youth under 21 years of age under the following circumstances: (1) if the youth is pregnant, with Medicaid Pregnant Women (MPW) coverage; or (2) if he or she is also the parent or legal guardian of a Medicaid eligible child or children. The head of household may also be an adult aged 21 or over.
Health Check Coordinator (HCC)	County staff member who is specially trained to assist parents, guardians and providers in assuring Medicaid-eligible children have access to health care services. Activities of HCCs include, but are not limited to: assisting families to use health care services with consistency and responsibility; initiating follow-up visits as requested by providers; promoting Health Check and health prevention with other public and private organizations; assisting with appointment scheduling and transportation needs; providing advocacy services; and using the AINS Data Shell Program to identify and follow care rendered to Health Check recipients.
Project County	A county that utilizes the activities of HCCs. These counties benefit from the work of HCCs. These counties are also referred to as "Project" counties.
Non-project County	A county that does not have the benefit of HCCs in the county.
Child Service Coordinator (CSC)	A professional who is experienced in working with families and children and with community resources. The Child Service Coordinator provides case management services to children who are at-risk or diagnosed for developmental delay or disability, chronic

	illness, or social/emotional disorder.
Primary Care Provider (PCP)	Delivers and coordinates health care needs for Medicaid recipients.
North Carolina Family Health Resource Line	The resource line provides information to all families in North Carolina. Recipients in North Carolina can dial toll-free 1-800-367-2229 to obtain information regarding their children. The resource line provides information on: day cares, PCP list, immunization schedules, WIC and other agencies. In non-project counties, the telephone number for the resource line is printed on the AINS letters.

HEALTH CHECK RISK ASSIGNMENT

Each Medicaid-eligible participation activity or lack thereof is followed by the system and is used to assign a risk status.

The risk point table is helpful when identifying all children, regardless of age. Information contained in the EIS indicates when a child is considered special needs. That information has been applied to the risk point table in the data shell.

This risk point table is used by HCCs when determining daily priorities. Using the risk point table, children with a risk factor of "H" should be followed first, children identified with an "M" would be the second priority, low risk children "L" should be the third priority, and children identified with an "N", no risk, would not require follow up at this time.

H represents **"HIGH RISK"**. This category includes special needs children who are delinquent for their screenings.

M represents **"MEDIUM RISK"**. This category includes children who are delinquent for their screenings.

L represents **"LOW RISK"**. This category includes special needs children who are current on their screenings.

N represents **"NO RISK"**. This category includes children who are current on their screenings.

Types of Notifications

AINS provides two types of notifications:

- Introductory
- Reminder

The notifications are sent to the parent or head of the household according to the child's needs. Children residing in Health Check Project Counties may receive both notifications. Children residing in non-project counties receive only the Introductory notification.

Notification Content

All notifications contain the following information:

- Health Check Logo
- Return address of the county Department of Social Services
- Date the letter was created
- Head of household name and address
- Greeting
- Standard text of the letter
- Closing
- Spanish Text referencing the NC Family Health Resource Line

The notifications are individually modified based on numerous factors. The factors that determine what type of letter a child receives are based on the recipient's county of residence (project or non-project county), if the child has a CSC, or if the appointment date for the next Health Check screening is known.

The closings on the notifications for children in project counties include the name and phone number of the HCC(s). Notifications for children in non-project counties refer the parent or guardian to the North Carolina Family Health Resource Line. The telephone number for the resource line is included in the notification.

HCCs in the counties have the capability to suppress Reminder notifications only. To do this, the HCC completes the County Options Change Request Form (COCR), obtains the supervisor's signature, and submits the form to the Division of Medical Assistance (DMA). As an example, the COCR Form is used when a parent or head of household calls and makes a request to stop the notifications sent to them.

Sample notifications begin on page 9. A brief explanation is provided at the top of each notification. The only time a Health Check recipient would not receive notification is when she is pregnant.

GUIDE FOR NOTIFICATIONS:

Variations are used in the notifications to identify different types of enrollments. Listed below is a table of codes used to identify the notifications mailed to the parent or head of household of the Health Check recipient. Examples of these notifications follow.

INTRODUCTORY NOTIFICATIONS

	LETTER ID CODE	LETTER NUMBER
HCC; PROJECT COUNTY	N-1	IN1, IN4, IN7
CSC	N-2	IN2, IN5, IN8
NON-PROJECT	N-3	IN3, IN6, IN9

Recipients enrolled in CA receive one of the following letters:

N-1 IN1, N-2 IN2, N-3 IN3

Recipients not enrolled in CA ACCESS or an HMO receives one of the following letters:

N-1 IN4, N-2 IN5, N-3 IN6

Recipients enrolled in an HMO receive one of the following letters:

N-1 IN7, N-2 IN8, N-3 IN9

REMINDER NOTIFICATIONS

	LETTER ID CODE	LETTER NUMBER
HCC; PROJECT COUNTY	N-10	RE1, RE5
CSC	N-11	RE1, RE3, RE5
HCC	N-12	RE2, RE4, RE6
CSC	N-13	RE2, RE4, RE6

Letters with the provider identified include:

N-10 RE1; N-11 RE1; N-12 RE2; N-13-RE2;

Letters with an HMO identified include:

N-11 RE3; N-12 RE4; N-13 RE4

Letters without the provider identified include:

N-10 RE5; N-11 RE5; N-12 RE6; N-13 RE6

Introductory Notifications

Introductory notification is sent when a child is newly enrolled in Medicaid. This notification informs the parent or head of household of the benefits available to their child(ren) enrolled in the Health Check Program. The periodicity schedule is included in these notifications. This schedule outlines when a child should be seen for a well child check up.

Introductory notifications remind the parents or head of household to bring the child's Medicaid ID card and immunization record to the appointment.

Introductory notifications are the only Health Check notifications sent to Medicaid eligibles with an out-of-state address.

Letter Type N-1 IN1: Carolina ACCESS recipient; provider not identified; provides the name(s) and phone number(s) of the HCC(s) in their county

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-1 IN1
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to Carolina Access! As a Carolina Access Recipient CINDY will receive Health Check services that include well child checkups and shots. Health Check services cover children from the time they are born until they turn 21.

A Health Check Coordinator in your county can answer your questions, make an appointment, or arrange transportation. The Health Check Program will also send letters to tell you about services available to your child and to remind you of the next doctor or clinic visit.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

Your doctor may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for CINDY'S next checkup, call your doctor's office several weeks before it is due. Remember to take your Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions, or need help, please call one of the people listed below.

Sincerely,
N.C. Division of Medical Assistance

Health Check Coordinator(s) for (COUNTY NAME)
BARBARA L. WESTON/919-999-9999
MARY ANN SMITHFIELD/919-999-9999

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-1 IN1)

Letter Type N-1 IN4: Medicaid recipient; provider not identified; provides the name(s) and phone number(s) of the HCC(s) in their county

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-1 IN4
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to Medicaid! As a Medicaid recipient CINDY will receive Health Check services that include well child checkups and shots. Health Check services cover children from the time they are born until they turn 21.

A Health Check Coordinator in your county can answer your questions or help you find a doctor or clinic, make an appointment, or arrange transportation. The Health Check Program will also send letters to tell you about services available to your child and to remind you of the next doctor or clinic visit.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

Your doctor may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for CINDY'S next checkup, call your doctor's office several weeks before it is due. Remember to take your Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions, or need help, please call one of the people listed below.

Sincerely,
N.C. Division of Medical Assistance

Health Check Coordinator(s) for (COUNTY NAME)
BARBARA L. WESTON/919-999-9999
MARY ANN SMITHFIELD/919-999-9999

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-1 IN4)

Letter Type N-1 IN7: HMO recipient; provides HMO information; provides the name(s) and phone number(s) of the HCC(s) in their county

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-1 IN7
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to SOUTHCARE! As a SOUTHCARE recipient CINDY will receive Health Check services that include well child checkups and shots. Health Check services cover children from the time they are born until they turn 21.

A Health Check Coordinator in your county can answer your questions, make an appointment, or arrange transportation. The Health Check Program will also send letters to tell you about services available to your child and to remind you of the next doctor or clinic visit.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

Your doctor may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for CINDY'S next checkup, call your doctor's office several weeks before it is due. Remember to take your Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions, or need help, please call one of the people listed below.

Sincerely,
N.C. Division of Medical Assistance

Health Check Coordinator(s) for (COUNTY NAME)
BARBARA L. WESTON/919-999-9999
MARY ANN SMITHFIELD/919-999-9999

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-1 IN7)

Letter Type N-2 IN2: Carolina ACCESS recipient; provider identified; provides the name(s) and phone number(s) of the HCC(s) in their county; refers recipient to their CSC

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-2 IN2
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to CAROLINA ACCESS! As a CAROLINA ACCESS recipient CINDY will receive Health Check services that include well child checkups and shots. Health Check covers children from the time they are born until they turn 21. The Health Check Program will also send letters to tell you about services available to your child and to remind you of the next doctor or clinic visit.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

ABC Clinic may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for CINDY'S next checkup, call your doctor's office several weeks before it is due. Remember to take your Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions, need help making an appointment or arranging transportation, call your child service coordinator(CSC). If you are not sure how to reach your Child Service Coordinator, call your local health department.

Sincerely,
N.C. Division of Medical Assistance

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-2 IN2)

Letter Type N-2 IN5: Medicaid recipient; provider not identified; refers recipient to their CSC

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-2 IN5
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

DEAR HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to Medicaid! As a Medicaid recipient CINDY will receive Health Check services that include well child checkups and shots. Health Check covers children from the time they are born until they turn 21. The Health Check Program will also send letters to tell you about services available to your child and to remind you of the next doctor or clinic visit.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

Your doctor may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for CINDY'S next checkup, call your doctor's office several weeks before it is due. Remember to take your Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions, need help making an appointment or arranging transportation, call your Child Service Coordinator (CSC). If you are not sure how to reach your Child Service Coordinator, call your local health department.

Sincerely,
N.C. Division of Medical Assistance

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-2 IN5)

Letter Type N-2 IN8; HMO Medicaid recipient; provides HMO information; refers recipient to their CSC

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-2 IN8
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to SOUTHCARE! As a SOUTHCARE recipient CINDY will receive Health Check services that include well child checkups and shots. Health Check services cover children from the time they are born until they turn 21. The Health Check Program will also send letters to tell you about services available to your child and to remind you of the next doctor or clinic visit.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

Your doctor may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for CINDY'S next checkup, call your doctor several weeks before it is due. Remember to take your Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions, need help making an appointment or arranging transportation, call your Child Service Coordinator (CSC). If you are not sure how to reach your Child Service Coordinator, call your local health department.

Sincerely,
N.C. Division of Medical Assistance

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-2 IN8)

Letter Type N-3 IN3: Carolina ACCESS recipient; provider identified; not a Project County; provides information for the North Carolina Family Health Resource Line

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-3 IN3
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to CAROLINA ACCESS! As a CAROLINA ACCESS recipient CINDY will receive Health Check services that include well child checkups and shots. Health Check covers children from the time they are born until they turn 21.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

ABC Clinic may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for CINDY'S next checkup, call your doctor several weeks before it is due. Remember to take you Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions or need help, call the North Carolina Family Health Resource Line at 1-800-367-2229. The Family Health Resource Line provides services in English and Spanish. For the deaf and hard of hearing, services are also available through a TTY Line (1-800-976-1922).

Sincerely,
N.C. Division of Medical Assistance

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-3 IN3)

Letter Type N-3 IN6: Medicaid recipient; provider not identified; not a Project County; provides information for the North Carolina Family Health Resource Line

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-3 IN6
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to Medicaid! As a Medicaid recipient, CINDY will receive Health Check services that include well child checkups and shots. Health Check covers children from the time they are born until they turn 21.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

Your doctor or clinic may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for shot will help keep CINDY'S next checkup, call your doctor or clinic several weeks before it is due. Remember to take your Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions or need help, call the North Carolina Family Health Resource Line at 1-800-367-2229. The Family Health Resource Line provides services in English and Spanish. For the deaf and hard of hearing, services are also available through a TTY Line (1-800-976-1922).

Sincerely,
N.C. Division of Medical Assistance

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-3 IN6)

**Letter Type N-3 IN9: HMO recipients; provides HMO information; not a Project
County; provides information for the North Carolina Family
Health Resource Line**

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-3 IN9
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Welcome to SOUTHCARE! As a SOUTHCARE recipient CINDY will receive Health Check services that include well child checkups and shots. Health Check services cover children from the time they are born until they turn 21.

The Health Check Program recommends CINDY get checkups at these ages:

*2 weeks to 1 month	* 9 to 12 months
*2 months	* 15 to 18 months
*4 months	* Every year from 2-6 years old
*6 months	* Then once every 3 years

Your SOUTHCARE doctor may suggest a slightly different schedule. Checkups and shots will help keep CINDY healthy. If you don't have an appointment for CINDY'S next checkup, call your doctor several weeks before it is due. Remember to take your Medicaid card and shot record with you.

Please look at your current Medicaid ID Card before making an appointment with your doctor. If you are enrolled in Carolina ACCESS or an HMO, your doctor's name and telephone number will be listed on your card. When making a doctor's appointment, please call the doctor listed on your card.

If you have questions or need help, call the North Carolina Family Health Resource Line at 1-800-367-2229. The Family Health Resource Line provides services in English and Spanish. For the deaf and hard of hearing, services are also available through a TTY Line (1-800-976-1922).

Sincerely,
N.C. Division of Medical Assistance

Si usted quiere información en español acerca de lo que dice esta carta, llame a la Línea de Recursos de Salud Familiar de Carolina del Norte al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-3 IN9)

Reminder Notification:

Reminder notifications are based on the periodicity schedule; when a child should be seen for a well child check up. These notifications remind the parent or head of household of the upcoming Health Check screening for their child.

If the patient's physician has scheduled their next screening appointment and entered this information on the claim form; a reminder notification with this date will be sent approximately 2 weeks before the scheduled appointment.

If the patient's physician has not entered their next screening date on the claim; the reminder notification will be sent 2 months prior to their next screening. This allows the parent or head of household time to schedule the appointment.

The child's age and the periodicity schedule are used when determining the next screening appointment.

The reminder notifications also remind the parents or head of household that they need to take the child's Medicaid ID card and immunization record to the appointment.

Letter Type N-10 RE1: Carolina ACCESS recipient with a scheduled appointment date; provider identified; provides the name(s) and phone number(s) of the HCC(s) in their county

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-10 RE1
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Just a reminder! According to our record, CINDY may be due for a well child checkup on November 18, 2003. Before visiting your doctor's office, please call ABC Clinic to confirm this appointment. If your doctor confirms your child's appointment, you will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shots will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call one of the Health Check Coordinator(s) listed below.

Sincerely,
N.C. Division of Medical Assistance

Health Check Coordinator(s) for (COUNTY NAME)
BARBARA L. WESTON/919-999-9999
MARY ANN SMITHFIELD/919-999-9999

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-10 RE1)

**Letter Type N-10 RE5: Medicaid recipient with a scheduled appointment date;
provider not identified; provides the name(s) and phone
number(s) of the HCC(s) in their county**

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-10 RE5
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
LETTER FOR: CINDY SMITH

AUGUST 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child
checkup on NOVEMBER 18, 2003. Before visiting your doctor's office, please call
YOUR DOCTOR to confirm this appointment. If your doctor confirms your child's
appointment, you will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation,
call one of the Health Check Coordinator(s) listed below:

Sincerely,
N.C. Division of Medical Assistance

Health Check Coordinator(s) for (COUNTY NAME)
BARBARA L. WESTON/919-999-9999
MARY ANN SMITHFIELD/919-999-9999

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos
de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al
Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que
dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-
2229. La llamada es gratis y confidencial.
Refiérase al código (N-10 RE5)

Letter types N-11 RE1: Carolina ACCESS recipient with a scheduled appointment date; provider identified; refers recipient to their CSC

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-11 RE1
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

AUGUST 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child checkup in November 18, 2003. Before visiting your doctor's office, please call ABC Clinic to confirm this appointment. If you doctor confirms your child's appointment, you will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call your Child Service Coordinator (CSC). If you are not sure how to reach your Child Service Coordinator, call your local Health Department.

Sincerely,
N.C. Division of Medical Assistance

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-11 RE1)

Letter Type N-11 RE3: HMO recipient with a scheduled appointment date; refers recipient to their CSC

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-11 RE3
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

AUGUST 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child checkup in November 18, 2003. Before visiting your doctor's office, please call your SOUTHCARE DOCTOR to confirm this appointment. If your doctor confirms your child's appointment, you will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call your Child Service Coordinator (CSC). If you are not sure how to reach your Child Service Coordinator, call your local Health Department.

Sincerely,
N.C. Division of Medical Assistance

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-11 RE3)

**Letter Type N-11 RE5: Medicaid recipient with a scheduled appointment date;
provider not identified in letter; refers recipient to their
CSC**

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-11 RE5
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

AUGUST 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child checkup in November 18, 2003. Before visiting your doctor's office, please call your doctor to confirm this appointment. If your doctor confirms your child's appointment, you will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call your Child Service Coordinator (CSC). If you are not sure how to reach your Child Service Coordinator, call your local Health Department.

Sincerely,
N.C. Division of Medical Assistance

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-11 RE5)

**Letter Type N-12 RE2: Carolina ACCESS recipient with no scheduled appointment;
the anticipated screening month is identified; provider
identified; provides the name(s) and phone number(s) of the
HCC(s) in their county**

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-12 RE2
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child checkup in NOVEMBER 2003. Call ABC CLINIC to make an appointment. You will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call one of the Health Check Coordinator(s) listed below:

Sincerely,
N.C. Division of Medical Assistance

Health Check Coordinator(s) for (COUNTY NAME)
BARBARA L. WESTON/919-999-9999
MARY ANN SMITHFIELD/919-999-9999

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial. Refiérase al código (N-12 RE2)

Letter Type N-12 RE4: HMO recipient with no scheduled appointment, anticipated screening month is identified; provider is identified; and provides the name(s) and phone number(s) of the HCC(s) in their county

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-12 RE4
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child check up in NOVEMBER 2003. Call your SOUTHCARE DOCTOR to make an appointment. You will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call one of the Health Check Coordinator(s) listed below:

Sincerely,
N.C. Division of Medical Assistance

Health Check Coordinator(s) for (COUNTY NAME)
BARBARA L. WESTON/919-999-9999
MARY ANN SMITHFIELD/919-999-9999

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial. Refiérase al código (N-12 RE4)

**Letter Type N-12 RE6: Medicaid recipient with no scheduled appointment;
anticipated screening month is identified; provider is not
identified; and provides the name(s) and phone number(s) of
the HCC(s) in their county**

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-12 RE6
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child check up in NOVEMBER 2003. Call YOUR DOCTOR to make an appointment. You will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call one of the Health Check Coordinator(s) listed below:

Sincerely,
N.C. Division of Medical Assistance

Health Check Coordinator(s) for (COUNTY NAME)
BARBARA L. WESTON/919-999-9999
MARY ANN SMITHFIELD/919-999-9999

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-12 RE6)

**Letter Type N-13 RE2: Carolina ACCESS recipient with no scheduled appointment;
anticipated screening month is identified; provider is
identified; and refers recipient to their CSC**

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-13 RE2
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child check up in NOVEMBER 2003. Call ABC CLINIC to make an appointment. You will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call your Child Service Coordinator (CSC). If you are not sure how to reach your Child Service Coordinator, call your local health department.

Sincerely,
N.C. Division of Medical Assistance

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-13 RE2)

Letter Type N-13 RE4: HMO recipient with no scheduled appointment; anticipated screening month is identified, provider is identified; and refers recipient to their CSC

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-13 RE4
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child check up in NOVEMBER 2003. Call your SOUTHCARE DOCTOR to make an appointment. You will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call your Child Service Coordinator (CSC). If you are not sure how to reach your Child Service Coordinator, call your local health department.

Sincerely,
N.C. Division of Medical Assistance

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-13 RE4)

**Letter Type N-13 RE6: Medicaid recipient with no scheduled appointment;
anticipated screening month is identified, provider is not
identified; and refers recipient to their CSC**

RETURN AGENCY NAME
RETURN ADDRESS LINE 1
RETURN ADDRESS LINE 2
RETURN CITY, NC 00000

HEAD OF HOUSE ID N-13 RE6
HEAD OF HOUSEHOLD NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY, NC 00000

Dear HEAD OF HOUSEHOLD:
Letter for: CINDY SMITH

August 29, 2003

Just a reminder! According to our records, CINDY may be due for a well child check up in NOVEMBER 2003. Call YOUR DOCTOR to make an appointment. You will need to bring the following items to the appointment:

- * Medicaid Card
- * Shot Card

Checkups and shot will help keep CINDY healthy.

If you have questions, need help making an appointment or arranging transportation, call your Child Service Coordinator(CSC). If you are not sure how to reach your Child Service Coordinator, call your local health department.

Sincerely,
N.C. Division of Medical Assistance

Esta carta es solamente un recuerdo que hay que llevar su niño o niña para chequeos de salud y vacunas. Si necesita hacer una cita, llame a su doctor e al Departamento de Salud en su area. Si Usted quiere mas información acerca de lo que dice esta carta, llame la Linea de Salud y Recursos Para la Familia al 1-800-367-2229. La llamada es gratis y confidencial.
Refiérase al código (N-13 RE6)